

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7	1					
8		1				
9		1				
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42		1				
43		1				
44		1				
45		1				
46		1				
47		1				
48		1				
49		1				
50		1				

TOTAL IND.

2



TOTAL DEP.

12



TOTAL CLAIMS

14



TOTAL IND.

12



TOTAL DEP.

12



TOTAL CLAIMS

14

